

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2003**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y262
Budget Number:	1 - Budget Pending Approval
Project Information:	Procurement of CNG Station Equipmen

RECEIVED

DEC 31 2003

STATE CLEARING HOUSE

Part 1: Recipient Information

Project Number:	CA-90-Y262
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$468,000
Project Number:	CA-90-Y262	Adjustment Amt:	\$0
Project Description:	Procurement of CNG Station Equipmen	Total Eligible Cost:	\$468,000
Recipient Type:	City	Total FTA Amt:	\$71,000
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Michael Busch (909) 399-5456	Total Local Amt:	\$397,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20205	Special Condition:	None Specified
Sec. of Statute:	149	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Nov. 15, 2003 - Dec. 31, 2004	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	Sep. 19, 2003	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 15, 2003		
Program Page:	1		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	33	Diane E Watson

Project Details

The City is construction a joint use City Corporate yard facility. Included in the scope of construction will be the inclusion of a compressed natural gas (CNG) fueling facility to be used by the City's transit services and sanitation fleet.

This application is for \$71,000 to cover the transit portion of the project only.

The project is included in the TIP (ID #LA0B403)

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
114-00 BUS: SUPPORT EQUIP AND FACILITIES	1	\$71,000	\$468,000
ACTIVITY			
11.42.20 ACQUIRE - MISC SUPPORT EQUIPMENT	1	\$71,000	\$468,000
Estimated Total Eligible Cost:			\$468,000

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION
FOR NATIONAL AND COMMUNITY
SERVICE (CNCS):

10/15/03

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFICATION NUMBER: 30 2003

2b. APPLICATION ID:

04SR038314

4. DATE RECEIVED:

10/15/03

GRANT NUMBER:

STATE CLEARING HOUSE

5. APPLICATION INFORMATION

LEGAL NAME: Shasta County Community Action Agency

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give
area codes):

NAME: Jerrison A. Cunningham

TELEPHONE NUMBER: 530.225.3804

FAX NUMBER: 520.225.5178

INTERNET E-MAIL ADDRESS: jcunningham@co.shasta.ca.us

ADDRESS (give street address, city, state and zip code):

1670 Market St., Suite 300
Redding CA 96001

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

946000535

7. TYPE OF APPLICANT:

7a. Local Government - County

7b. Community Action Agency/Community Action Program

8. TYPE OF APPLICATION:

☒ NEW☐ CONTINUATION☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Shasta/Tehama Co'S RSVP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

California Counties of Tehama, Shasta

13. PROPOSED PROJECT: START DATE: 01/01/04

END DATE: 12/31/06

14. PERFORMANCE PERIOD: START DATE:

END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL

\$ 132,518.00

b. APPLICANT

\$ 56,794.00

c. STATE

\$ 15,000.00

d. LOCAL

\$ 30,000.00

e. OTHER

\$ 11,794.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 189,312.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR
REVIEW ON:
DATE: 14-OCT-03

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation. ☒ NO18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Larry Leer

b. TITLE:

Housing/Community Action Progs. Director

c. TELEPHONE NUMBER:

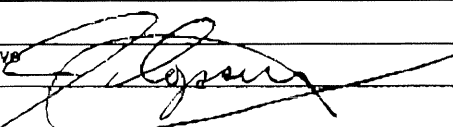
5302253182

d. DATE:

10/15/03

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 01/02/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: King City Police Department		Organizational Unit: Department: Police Department	
Organizational DUNS: 787400621		Division: PATROL	
Address: Street: 415 Bassett St.		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mr. First Name: Jim	
City: King City		Middle Name: R.	
County: Monterey		Last Name: Copsey	
State: California	Zip Code: 93930	Suffix:	
Country: USA		Email: pdchief@kingcity.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][4]-[6][0][0][0][3][5][2]		Phone Number (give area code): (831) 386-5944	Fax Number (give area code): (831) 385-4927
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 16-710		9. NAME OF FEDERAL AGENCY: Office of Community Oriented Policing Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of King, City of Greenfield, County of Monterey		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Secure Our Schools Act Funds; To procure equipment and training to enhance the safety of our schools and to help ensure a safe environment.	
13. PROPOSED PROJECT Start Date: March 2004 Ending Date: March 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 12 b. Project District 12	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 15,345.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 12/29/03	
b. Applicant	\$ 15,345.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 30,690.00	a. Authorized Representative Prefix: Mr. First Name: Jim Middle Name: R. Last Name: Copsey	
b. Title: Police Chief		c. Telephone Number (give area code): (831) 386-5944	
d. Signature of Authorized Representative: 		e. Date Signed: 12/29/2003	

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Standard Form 424 (Rev. 8-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 01/02/2004		Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: King City Police Department			Organizational Unit: Department: Police Department		
Organizational DUNS: 787400621			Division: PATROL		
Address: Street: 415 Bassett St.			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: King City			Prefix: Mr. First Name: Jim		
County: Monterey			Middle Name: R.		
State: California Zip Code: 93930			Last Name: Copsey		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000352			Phone Number (give area code) (831) 386-5944		Fax Number (give area code) (831) 385-4927
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 16-710			9. NAME OF FEDERAL AGENCY: Office of Community Oriented Policing Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of King, City of Greenfield, County of Monterey			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Secure Our Schools Act Funds; To procure equipment and training to enhance the safety of our schools and to help ensure a safe environment.		
13. PROPOSED PROJECT Start Date: March 2004 Ending Date: March 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 17 b. Project District 17		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 15,345			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 15,345			DATE: 12/29/03		
c. State \$			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 30,690					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.		First Name: Jim		Middle Name: R.	
Last Name: Copsey				Suffix:	
b. Title: Police Chief				c. Telephone Number (give area code): (831) 386-5944	
d. Signature of Authorized Representative				e. Date Signed: 12/29/2003	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 1, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Coachella Valley Housing Coalition Address (give city, county, State, and zip code): 45-701 Monroe Street., Suite G Indio, Ca 92201		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code)
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 3 8 1 4 8 9 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: space-around; align-items: center;"> 1 0 4 0 5 </div> TITLE: <u>Section 514/516</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sixty Unit Farmworker Mobile Home Complex. Mix consist of 12-Three Bedroom Units 48- Four Bedroom Units	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Mecca, Riverside County, California		

13. PROPOSED PROJECT Start Date: <u>June/2005</u> Ending Date: <u>June/2006</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>44th</u> b. Project:	<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED DEC 26 2003 STATE CLEARING HOUSE </div>
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%; text-align: center;">\$</td> <td style="width:60%; text-align: right;">2,000,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>c. State</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">1,000,000⁰⁰</td> </tr> <tr> <td>d. Local</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">300,000⁰⁰</td> </tr> <tr> <td>e. Other</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">6,284,802⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">00⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: center;">\$</td> <td style="text-align: right;">9,584,802⁰⁰</td> </tr> </table>	a. Federal	\$	2,000,000 ⁰⁰	b. Applicant	\$	00 ⁰⁰	c. State	\$	1,000,000 ⁰⁰	d. Local	\$	300,000 ⁰⁰	e. Other	\$	6,284,802 ⁰⁰	f. Program Income	\$	00 ⁰⁰	g. TOTAL	\$	9,584,802 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	2,000,000 ⁰⁰																				
b. Applicant	\$	00 ⁰⁰																				
c. State	\$	1,000,000 ⁰⁰																				
d. Local	\$	300,000 ⁰⁰																				
e. Other	\$	6,284,802 ⁰⁰																				
f. Program Income	\$	00 ⁰⁰																				
g. TOTAL	\$	9,584,802 ⁰⁰																				
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative John F. Mealey	b. Title Executive Director	c. Telephone Number (760) 347-3157
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 18, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Asociacion Campesina Lazaro Cardenas, Inc. (ACLC, Inc.)		Organizational Unit: Non Profit Organization 501 (c) (3)
Address (give city, county, State, and zip code): 315 N. San Joaquin Street, Stockton, CA 95202		Name and telephone number of person to be contacted on matters involving this application (give area code) Carol J. Ornelas (209) 466-6811

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0062062	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; margin: 0 auto;">N</div>
---	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY:
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;"> </div> TITLE: USDA Rural Development 515	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sonora Apartments 420 Greenley Road Sonora, CA 95376
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 	
--	--

13. PROPOSED PROJECT Start Date: _____ Ending Date: _____	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: ACLC, Inc. b. Project: Sonora Apartments
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15. ESTIMATED FUNDING: Permanent Financing a. Federal USDA RD 515 RRH \$ 885,800.00 b. Applicant Ltd. Prtner \$ 4,013,229.00 Capital Contribution c. State State of CA HOME \$ 800,000.00 d. Local Conv. Loan \$ 710,000.00 e. Other FHLB AHP \$ 288,800.00 f. Program Income Gen. Prtner \$ 100.00 g. TOTAL \$ 106,697,929.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	---

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Carol J. Ornelas	b. Title Chief Executive Officer	c. Telephone Number (209) 466-6811
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 18, 2003		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Asociacion Campesina Lazaro Cardenas, Inc. (ACLC, Inc.)			Organizational Unit: Non Profit Organization 501 (c) (3)	
Address (give city, county, State, and zip code): 315 N. San Joaquin Street, Stockton, CA 95202			Name and telephone number of person to be contacted on matters involving this application (give area code): Carol J. Ornelas (209) 466-6811	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 — 0062062			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; display: inline-block;">N</div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. Increase Award D. Decrease Award </div> <div> B. Decrease Award Other(specify): </div> <div> C. Increase Duration </div> </div>			<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> </div> </div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> TITLE: USDA Rural Development 515 </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sonora Apartments 420 Greenley Road Sonora, CA 95376	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> RECEIVED DEC 23 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT Start Date Ending Date				
14. CONGRESSIONAL DISTRICTS OF: a. Applicant ACLC, Inc.			b. Project Sonora Apartments	
15. ESTIMATED FUNDING: Acquisition			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA RD 515 RRH \$ 885,800.00			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant \$ _____			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State CalHFA \$ 1,262,034.00			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local \$ _____				
e. Other \$ _____				
f. Program Income \$ _____				
g. TOTAL \$ 2,147,834.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Type Name of Authorized Representative Carol J. Ornelas			b. Title Chief Executive Officer	
c. Telephone Number (209) 466-6811			e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED December 18, 2003	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Asociacion Campesina Lazaro Cardenas, Inc. (ACLC, Inc.)		Organizational Unit: Non Profit Organization 501 (c) (3)	
Address (give city, county, State, and zip code): 315 N. San Joaquin Street, Stockton, CA 95202		Name and telephone number of person to be contacted on matters involving this application (give area code) Carol J. Ornelas (209) 466-6811	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 — 0062062		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">N</div> </div>	
---	--	--	--

8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: 	
---	--	---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: center;"> </div> TITLE: USDA Rural Development 515		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sonora Apartments 420 Greenley Road Sonora, CA 95376	
---	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 		<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> RECEIVED DEC 23 2003 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT Start Date Ending Date			

14. CONGRESSIONAL DISTRICTS OF: a. Applicant ACLC, Inc.		b. Project Sonora Apartments	
--	--	---------------------------------	--

15. ESTIMATED FUNDING: Construction		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	885,800.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
USDA RD 515 RRH			
b. Applicant	\$	100.00	
ACLC, Inc.			
c. State	\$	800,000.00	
State of CA HOME			
d. Local	\$	50,000.00	
Ltd. Partner Contr.			
e. Other	\$	3,948,517.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
Conv. Loan			
FHLB - AHP		288,800	
f. Deferred Until	\$	774,712.00	
Perm Loan Closing			
g. TOTAL	\$	6,747,929.00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Carol J. Ornelas	b. Title Chief Executive Officer	c. Telephone Number (209) 466-6811	
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

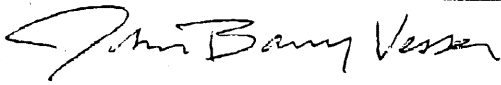
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 21, 2003	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY DEC 16 2003		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Stanislaus County Ag Center Foundation		Organizational Unit:	
Address (give city, county, State, and zip code): 909 15th Street, Suite 9 Modesto, CA 95354-1130 Stanislaus County		Name and telephone number of person to be contacted on matters involving this application (give area code) W. David Barnes (209) 523-8582	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0438308		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) 501 (c) (3) <input checked="" type="checkbox"/> N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: STATE CLEARING HOUSE	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 19-776		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Interactive exhibits for new Ag Pavilion Learning Center & Museum	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Central Valley and Bay Area of CA		13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF: Dennis Cardoza, George Radanovich, Richard Pombo		15. ESTIMATED FUNDING:	
Start Date 01/04	Ending Date 06/06	a. Applicant Stan. Cty. Ag Center Fdn.	
b. Project Interactive Exhibits/Ag Pavilion		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 2,500,000		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant \$ 12,500,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local \$ 8,000,000		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other \$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income \$		a. Type Name of Authorized Representative John Scheuber	
g. TOTAL \$ 23,000,000		b. Title President	
c. Telephone Number (209) 545-5100 x 2034		e. Date Signed 11/25/03	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

5. APPLICANT INFORMATION Legal Name: City of Calistoga		Organizational Unit:																														
Address (give city, county, State, and zip code): 1232 Washington Street, Calistoga, CA 94515 Napa County		Name and telephone number of person to be contacted on matters involving this application (give area code) David Umezaki (EKI) - (650) 292-9100																														
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 3 0 5 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; height: 20px; line-height: 20px; margin: 0 auto;">C</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																														
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): _____ </div> <div> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: USDA Rural Utilities Service																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 7 0 </div> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Water Tank																														
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Calistoga		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> RECEIVED DEC 22 2003 STATE CLEARING HOUSE </div>																														
13. PROPOSED PROJECT																																
14. CONGRESSIONAL DISTRICTS OF:																																
Start Date 9/1/04	Ending Date 12/1/05	a. Applicant First	b. Project																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																														
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: right;">.00</td> <td rowspan="7" style="width: 50%; vertical-align: top; padding: 5px;"> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW </td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">3,486,300</td> <td style="text-align: right;">.00</td> </tr> </table>		a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	3,486,300	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																												
b. Applicant	\$.00																													
c. State	\$.00																													
d. Local	\$.00																													
e. Other	\$.00																													
f. Program Income	\$.00																													
g. TOTAL	\$	3,486,300	.00																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																
a. Type Name of Authorized Representative James McCann		b. Title City Manager																														
c. Telephone Number (707) 942-2805		e. Date Signed 12/18/03																														
d. Signature of Authorized Representative 																																

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 12/8/2003	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. Applicant Information			
Legal Name North Fork Community Development Council		Organizational Unit	
Address (give city, county, state, and zip code) P.O. Box 1484 North Fork, CA 93643		Name and telephone number of the person to be contacted on matters involving this application (give area code) Barry Vesser (559) 877-2244	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0317248		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> Non-Profit	
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, select appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify here): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____ O. Non-Profit	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: CFDA 11.307		9. NAME OF FEDERAL AGENCY U.S. Dept. of Commerce Economic Development Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): North Fork, Madera County, California		11. DESCRIPTIVE TITLE OF APPLICANT PROJECT: North Fork Mill Site Reuse	
13. PROPOSED PROJECT Start Date: 4/1/2004 Ending Date: 11/1/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19 b. Project: 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 150,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 4/25/03	
b. Applicant	\$ 18,960.00	b. <input type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$ 1,614.00		
e. Other	\$ 16,875.00		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 187,449.00	<input type="checkbox"/> Yes if "Yes" attach an explanation <input checked="" type="checkbox"/> No.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative John Barry Vesser		b. Title Executive Director	c. Telephone number (559) 877-2244
d. Signature of Authorized Representative 		e. Date Signed December 17, 2003	

DEC-18-2003 10:06
APPLICATION FOR
FEDERAL ASSISTANCE

T.C. COM DEV/TCRA
2. DATE SUBMITTED

559 730 2591 P.02
Applicant Identifier

LCR No.:
2004-01

December 18, 2003

1. TYPE OF SUBMISSION Application		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: GOSHEN COMMUNITY SERVICES DISTRICT	Organizational Unit: Special District
Address (give city, county, State, and zip code): 6678 Ave. 308 P.O. Box 2 Goshen CA. 93227	Name and telephone number of person to be contacted on matters involving this application (give area code) WILLIAM HAYTER, PROJECT COORDINATOR Tulare County Redevelopment Agency TELE. NO.: (559)-733-6291 EXT. 4302 FAX: (559)-730-2591

6. EMPLOYER IDENTIFICATION NUMBER (EIN) DEC 18

94-6037655

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(s) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

STATE CLEARING HOUSE

State H. Independent School Dist.
County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special N. Other (Specify) _____
District

9. NAME OF FEDERAL AGENCY:

U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

10-760

TITLE: WATER AND WASTE DISPOSAL SYSTEMS FOR
RURAL COMMUNITIES

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Community Sewer Collection System Project - Construction
Litigation Settlement;

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

GOSHEN, CA

13. PROPOSED PROJECT

Litigation Settlement

14. CONGRESSIONAL DISTRICTS OF:

DEVIN NUNES, 21ST DISTRICT

Start Date

Ending Date

12/2003

a. Applicant

GOSHEN COMMUNITY SERVICES DISTRICT

b. Project

Goshen Community Sewer Collection Ssystem -
Litigation Settlement

15. ESTIMATED FUNDING:

a. Federal RUS \$ 87,000.00

b. Applicant \$

c. State \$

d. Local \$ 26,258.50

e. (Other) \$

f. Program Income \$ 0

g. TOTAL \$ 113,268.05

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/ APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS
FOR REVIEW ON:

DATE: December 18, 2003

b. No, ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY
STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Lenard Bly	b. Title President	c. Telephone Number (559) 651-0323
d. Signature of Authorized <i>Lenard Bly</i>	e. Date Signed 12-17-03	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED
August 13, 2003

Applicant Identifier
N/A

3. DATE RECEIVED BY STATE

State Application Identifier
SAI-EXEMPT

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier
06-01514

5. APPLICANT INFORMATION

Legal Name
California - Department of Parks and Recreation

Address (give city, county, State, and zip code):
Post Office Box 942896
Sacramento 3150 Sacramento
California 06 94296-0001

Organizational Unit:
California Department of Parks and Recreation

Name and telephone number of person to be contacted on matters involving this application (give area code):
Betty Ettinger
(916) 651-8174

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

0000000000

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning
J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N. Other (Specify) _____

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

- A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

9. NAME OF FEDERAL AGENCY:

Department of the Interior
National Park Service - Western Region 1443

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15-916

TITLE: Outdoor Recreation - Acquisition, Development & Planning

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Corcoran Community Park Development
City of Corcoran
1033 Chittenden
Corcoran, CA 93212

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

06-16224

13. PROPOSED PROJECT

Start Date
11/1/03

Ending Date
6/30/08

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
03

b. Project
20

15. ESTIMATED FUNDING:

a. Federal	\$	102,000 ⁰⁰
b. Applicant	\$	248,000 ⁰⁰
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	350,000 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 8/15/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative
Ruth Coleman

b. Title
Acting Director, Parks and Recreation

c. Telephone Number
(916) 653-7423

d. Signature of Authorized Representative

e. Date Signed